

**Indiana State Department of Health
PHHS Block Grant
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2010

Submitted by: Indiana

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Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2010. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Sections 1901-1907, as amended in October, 1992 and Section 1910A as amended in October 1996. The Indiana State Department of Health is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Indiana.

Funding Assumptions

The total award for the FFY 10 PHHSBG is \$1,692,929.00. This amount is based upon the final allocation table distributed for FFY 10 by the CDC.

Proposed Allocation for FY 2010

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds, or, wherein combined, state and federal funds are insufficient to address the extent of the public health problem. FFY 2010 funding priorities are as follows:

Program	Health Objective	Funds
Sexual Assault Services	15-35	\$150,306
Public Health System Quality Improvement	23-8	\$215,094
Public Health Education/Training	23-10	\$ 100,000
State Health Data Center	23-2	\$642,500
Social marketing	7-10	\$ 2,000
State Office of Rural Health	1-11	\$118,029
Indoor Air Program	8-16	\$ 40,000
Oral Health Program	21-8	\$ 75,000
Injury Prevention Program	15-13	\$250,000

Impacting other health objectives:

- Access to Quality Health Services 1-7
- Disability and Secondary Conditions 6-12
- Educational/Community-Based Programs 7-2, 3, 5, 6, 7, 9, 11, 12
- Health Communication 11-5

- Heart Disease and Stroke 12-1
- Injury and Violence Prevention 15-7, 8, 10
- Maternal, Infant, & Child Health 16-14
- Nutrition and Overweight 19-1, 2, 3, 5, 6, 8, 9, 16
- Physical Activity and Fitness 22-1, 2, 6, 13, 14, 15
- Public Health Infrastructure 23-3, 4, 5, 9, 11, 12, 15
- Respiratory Diseases 24-1, 2, 3, 4, 5
- Sexually Transmitted Diseases 25-1, 2
- Tobacco Use 27-1, 2, 3, 4, 5, 6, 7, 11, 12, 13

As established by the Public Health Services Act, Section 1905(d), the Indiana PHHSBG Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. The Advisory Committee reviewed and approved the programs listed above the funding for FFY 2010.

Funding Rationale: Under or Unfunded, Data Trend

Statutory Information

Advisory Committee Member Representation:

College and/or university, County and/or local health department, Faith-based organization, State health department

Dates:

Public Hearing Date(s):

11/25/2009

Advisory Committee Date(s):

8/25/2009

11/23/2009

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for IN 2010 V0 R1	
Total Award (1+6)	\$1,692,929
A. Current Year Annual Basic	
1. Annual Basic Amount	\$1,544,030
2. Annual Basic Admin Cost	\$0
3. Direct Assistance	(\$100,000)
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$1,444,030
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$148,899
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$148,899
(9.) Total Current Year Available Amount (5+8)	\$1,592,929
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$1,592,929

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$1,444,030
Sex Offense Set Aside	\$148,899
Available Current Year PHHSBG Dollars	\$1,592,929
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$1,592,929

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Indoor Air Program	8-16 Indoor allergens	\$40,000	\$0	\$40,000
Sub-Total		\$40,000	\$0	\$40,000
Injury Prevention Program	15-13 Unintentional injury deaths	\$250,000	\$0	\$250,000
Sub-Total		\$250,000	\$0	\$250,000
Oral Health Program	21-8 Dental sealants	\$75,000	\$0	\$75,000
Sub-Total		\$75,000	\$0	\$75,000
Public Health Education and Training	23-10 Continuing education and training	\$100,000	\$0	\$100,000
Sub-Total		\$100,000	\$0	\$100,000
Public Health System Quality Improvement	23-8 Competencies for public health workers	\$215,094	\$0	\$215,094
Sub-Total		\$215,094	\$0	\$215,094
Sexual Assault Services	15-35 Rape or attempted rape	\$150,306	\$0	\$150,306
Sub-Total		\$150,306	\$0	\$150,306
Social Marketing	7-10 Community health promotion programs	\$2,000	\$0	\$2,000
Sub-Total		\$2,000	\$0	\$2,000
State Health Data Center	23-2 Public health access to information and surveillance data	\$642,500	\$0	\$642,500
Sub-Total		\$642,500	\$0	\$642,500
State Office of Rural Health	1-11 Emergency Medical Services	\$118,029	\$0	\$118,029
Sub-Total		\$118,029	\$0	\$118,029
Grand Total		\$1,592,929	\$0	\$1,592,929

State Program Title: Indoor Air Program

State Program Strategy:

Goal: To identify indoor air pollutants that are asthma triggers or have other adverse effects on health and to investigate mercury spills in order to reduce indoor air allergen levels.

Health Priorities: Many indoor air pollutants are asthma triggers and/or cause allergies. Asthma and allergic reactions contribute to school and work absences. By conducting investigations of air pollutants at schools and in homes, deficiencies can be cited and improvements made in removing the source of pollutants in an effort to improve the health of those individuals that are in the polluted environments.

Primary Strategic Partners: School systems, local health departments

Role of PHHSBG Funds: Funds will be utilized to purchase equipment to allow for more thorough inspections. Equipment that will be purchased will include: IAQ CO2/CO Replacement meter with calibration adaptor; thermal imaging to locate moisture in walls; particle counter to evaluate the cleanliness of buildings; gas meters; formaldehyde instruments; gear bags; mercury meter upgrade to meet EPA guidelines for clearance in homes; battery packs for MSA ELF pumps; low flow sampling pumps to sample for VOCs. Additional funds will be used to pay for calibration of existing equipment.

Evaluation Methodology: Improve the quality of inspections with the use of appropriate indoor air testing equipment. Current equipment is outdated and does not provide quality results. The new equipment will allow for more thorough investigations and allow the program to better meet EPA guidelines.

State Program Setting:

Home, Local health department, Schools or school district, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 8-16 Indoor allergens

State Health Objective(s):

Between 01/2010 and 12/2010, Reduce indoor allergen levels through investigation at schools and homes when complaints of indoor air allergens or mercury spills are reported.

Baseline:

Current investigations are unable to provide adequate data to improve indoor air environments due to the lack of necessary equipment. This will be improved with the purchase of up-to-date equipment.

Data Source:

State agency

State Health Problem:

Health Burden:

The EPA has stated that the indoor air is 5 times more polluted than outdoor air. Many of these pollutants are asthma triggers and approximately 10% of the population currently has asthma. Not only is asthma a concern, many more have allergies to many of these pollutants. These issues contribute to students missing school and experiencing less than favorable learning conditions while at schools. This prevents those students from reaching their full learning potential.

In addition, mercury spills in homes are often caused by broken mercury thermometers. As liquid mercury is slowly converted to a vapor that is heavier than air, the vapor has its highest concentration near the floor. Mercury is a neurological toxin with infants and children are most susceptible to its health effects. As children are often crawling or playing on the floor, they also receive the highest exposure from these spills.

Target Population:

Number: 600,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 600,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$40,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$40,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 2 – Diagnose and Investigate

Objective 1:

Investigate complaints

Between 01/2010 and 12/2010, State agency will investigate **100%** of complaints regarding indoor air quality in schools and mercury spills in homes.

Annual Activities:

1. Investigate indoor air complaints at schools

Between 01/2010 and 12/2010, Program will purchase equipment and conduct investigations of all complaints received regarding indoor air quality in schools.

2. Investigate mercury spills in homes

Between 01/2010 and 12/2010, program will purchase equipment and conduct investigations of all reports of mercury spills in homes.

Essential Service 6 – Enforce laws and regulations

Objective 1:

Enforce State Indoor Air Laws

Between 01/2010 and 12/2010, State agency will investigate **100%** of complaints regarding indoor air quality in schools.

Annual Activities:

1. Investigate complaints

Between 01/2010 and 12/2010, pursuant to Indiana Code 16-41-37.5, the ISDH shall investigate complaints regarding the quality of air in schools and assist schools in developing reasonable plans to improve air quality conditions found during these investigations. The Indoor Air program will use the equipment purchased with PHHSBG funds to fulfill the requirements of this state law.

State Program Title: Injury Prevention Program

State Program Strategy:

Goal: To develop an Injury Prevention Program for the State of Indiana that will ultimately lead to a reduction in the number of preventable injuries and deaths.

Health Priorities: The Indiana State Department of Health does not currently have an organized Injury Prevention Program. The agency does publish an annual Fireworks Injury Report and, every 3 years, the Indiana Injury Report. However, contractors are generally utilized to produce these reports. Dr. Paul Halverson, President of ASTHO, has issued a challenge for states to increase efforts to reduce preventable injuries and death. The ISDH would like to prioritize the development of an Injury Prevention Program for its citizens.

Primary Strategic Partners:

Internal:

Epidemiology Resource Center
Vital Records
Maternal and Child Health
State Health Data Center
Trauma Program

External:

Indiana Child Fatality Review Team
Coroner's Association
Riley Hospital
Family & Social Services Agency
Department of Natural Resources
Injury Prevention Task Force
School Safety Advisory Committee
Suicide Prevention Task Force

Evaluation Methodology: The development of a core Injury Prevention Program that will ultimately lead to acquisition of data, analysis, and development of appropriate activities.

State Program Setting:

State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 15-13 Unintentional injury deaths

State Health Objective(s):

Between 01/2010 and 12/2010, establish an Injury Prevention Program with a mission to reduce deaths caused by intentional injuries.

Baseline:

58.1 deaths per 100,000 population were caused by unintentional injuries in Indiana for the years of 2003 through 2006.

Data Source:

2009 Injuries in Indiana Report, A Report on Injury-Related Fatalities and Injuries Resulting in Hospitalization for the years of 2003 through 2006.

State Health Problem:

Health Burden:

Injuries are a serious public health problem in Indiana. Injuries often result in trauma, possible lifelong disabilities, or even death. In Indiana, unintentional injury is the leading cause of death among persons 1 to 34 years of age and the fifth leading cause of death overall following heart disease, cancer, stroke, and chronic lower respiratory disease. Fatality rates and hospitalization rates are highest among persons over the age of 75. In addition, injury fatalities caused by intentional acts, such as homicide or suicide were among the top four causes of death in Indiana in all age groups from age 5 to 54. Unfortunately, Indiana has lacked the resources to support a program devoted to injury prevention.

Target Population:

Number: 6,000,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 1,200,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$250,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$62,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:

Evaluate Injury-related Child Mortality

Between 01/2010 and 12/2010, State agency and contractors will develop 1 database for data regarding injury-related child fatalities in Indiana.

Annual Activities:

1. Develop Database

Between 01/2010 and 12/2010, the ISDH will develop a database that will gather, from multiple sources, the pertinent injury-related child mortality data so that circumstances surrounding the fatal injury can be better understood.

Essential Service 3 – Inform and Educate

Objective 1:

Injury Prevention Training

Between 01/2010 and 12/2010, State agency, contractors will conduct 1 training for the Injury Prevention Training Institute.

Annual Activities:

1. Create web-based resource tool

Between 01/2010 and 12/2010, incorporate a web-based resource site for those involved in injury prevention activities within Indiana.

2. Provide basic training

Between 01/2010 and 12/2010, the program will provide basic training in injury prevention principles to government agencies, public health workers, health care workers, and others whose work involves some aspects of injury prevention.

Essential Service 9 – Evaluate health programs

Objective 1:

Assess Needs for Injury Prevention Program

Between 01/2010 and 12/2010, State agency, contractors will conduct 1 needs assessment to establish appropriate focus areas for an Injury Prevention Program.

Annual Activities:

1. Conduct needs assessment

Between 01/2010 and 12/2010, Conduct a needs assessment to establish the appropriate focus areas for an Injury Prevention Program in Indiana to focus its resources.

2. Hire professionals

Between 01/2010 and 12/2010, Hire appropriately experienced professionals in the area of Injury Prevention to assess and develop the program for the State of Indiana.

State Program Title: Oral Health Program

State Program Strategy:

Goal: Increase the number of children who have received dental sealants on their molar teeth through the IU School of Dentistry's program, SEAL INDIANA, which will provide leadership in creating satellite school-based sealant programs in counties that lie far outside Indianapolis. The program will work with a local health department, a community health center, and a regional campus of Indiana University to establish a program in these areas. The program will offer consultation and expertise to enable new programs to begin while SEAL INDIANA continues to provide services for children throughout the state.

Health Priorities: On average, 52% of Indiana children examined have untreated dental decay; 35% have non-urgent dental decay, and 17% have decay in urgent need of immediate follow-up, some including pain and/or infection. The quality of life and ability to concentrate in school are surely adversely affected for this 17% of children. SEAL INDIANA is targeting and reaching the population of children most in need of care.

Primary Strategic Partners: Indiana University School of Dentistry, local health departments, community health centers

Evaluation Methodology: Over the past six years, SEAL INDIANA has placed over 24,000 sealants on the permanent teeth of Indiana children from low-income families. Evidence-based research indicates that dental caries are effectively prevented by dental sealants, and therefore the Healthy People 2010 objectives state the goal of at least 50% of eight and fourteen year old children having sealants. Support of this program will allow for the placement of more sealants on the teeth of children, thus helping Indiana to make strides toward reaching this goal.

State Program Setting:

Community health center, Local health department, Schools or school district, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 21-8 Dental sealants

State Health Objective(s):

Between 01/2010 and 12/2010, Increase the number of children with dental sealants

Baseline:

Objective	Increase in Children Receiving Dental Sealants on Their Molar Teeth	1988–94 Baseline
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21-8a.	Children aged 8 years	<i>Percent</i> 23
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Data Source:

National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Oral Health Survey of Native Americans, 1999, IHS; Hawai'i Children's Oral Health Assessment, 1999, State of Hawaii Department of Health.

State Health Problem:**Health Burden:**

SEAL INDIANA has served over 17,000 children at over 800 Title I schools (lowest income), community health centers, Head Start programs, including those for children of migrant farm workers, and homeless shelters that house children. Among the children examined, on average, 52% have untreated dental decay; 35% have non-urgent dental decay, and 17% have decay in urgent need of immediate follow-up, some including pain and/or infection. The quality of life and ability to concentrate in schools are surely adversely affected for this 17% of the children.

Target Population:

Number: 2,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 2,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Indiana University School of Dentistry

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; Oral Health Survey of Native Americans, 1999, IHS; Hawai'i Children's Oral Health Assessment, 1999, State of Hawaii Department of Health.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$75,000

Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$75,000
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 7 – Link people to services

Objective 1:

Dental Sealants for Children

Between 01/2010 and 12/2010, Indiana University School of Dentistry will provide dental sealants to **2000** children.

Annual Activities:

1. SEAL INDIANA

Between 01/2010 and 12/2010, SEAL INDIANA has served over 17,000 children at over 800 Title I schools (lowest income), community health centers, Head Start programs, including those for children of migrant farm workers, and homeless shelters that house children. Among the children examined, on average, 52% have untreated dental decay; 35% have non-urgent dental decay, and 17% have decay in urgent need of immediate follow-up, some including pain and/or infection. The quality of life and ability to concentrate in schools are surely adversely affected for this 17% of the children.

The IU School of Dentistry's program, SEAL INDIANA, will provide leadership in creating satellite school-based sealant programs in counties that lie far outside Indianapolis. The program will work with local health departments, community health centers, and a regional campus of Indiana University to establish programs in these areas. The program will offer consultation and expertise to enable new programs to begin while SEAL INDIANA continues to provide services for children throughout the state.

State Program Title: Public Health Education and Training

State Program Strategy:

Goal: To increase the development and availability of various forms of education and training opportunities for Indiana's public health workforce.

Health Priorities: In order to maximize the effectiveness of Indiana's public health sector, appropriate levels of continuing education and training must be provided in a cost-effective and convenient manner. The Indiana State Department of Health (ISDH) will lead efforts to provide these opportunities through a variety of approaches. A key goal is to continue preparing the public health sector for voluntary national accreditation, which is expected to be available in 2011. The agency will offer scholarships for public health workforce members to obtain education and trainings that would otherwise be unavailable due to funding constraints. Continued work on the agency's leadership in public health program will occur and be furthered by the development of partnerships with local health departments. Programs will be afforded the opportunity to educate the public and the public health workforce on target health areas, i.e., breastfeeding, prenatal health, etc. Educational conferences will be organized and/or supported to afford the public health workforce further opportunities for education. Electronic access and development of materials will continue to be a priority as the agency seeks partnerships for electronic journals, creates electronic trainings, and seeks a cost-effective method for delivery of health information via a learning management system.

Collectively, these activities will help assure a competent public health workforce in Indiana.

Primary Strategic Partners: Local health departments, Indiana University School of Medicine, Indiana University Office of Public Health Practice

Evaluation Methodology: Increased opportunities will lead to an increase in the numbers of public health workforce who will obtain continued education in the area of public health.

State Program Setting:

Local health department, State health department, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 23-10 Continuing education and training

State Health Objective(s):

Between 01/2010 and 12/2010, continue the development of opportunities for Indiana's public health workforce to obtain continued education and training.

Baseline:

Limited opportunities

Data Source:

State Agency

State Health Problem:

Health Burden:

Opportunities for continuing education and training among the public health workforce are scarce and often costly and time-consuming, resulting in the inability of a large segment of the public health workforce to take advantage of the opportunities that are offered. Subsequently, most public health agencies in Indiana do not receive vital continuing education and training, including opportunities related to the public health essential services.

This lack of basic public health education and training is widespread. It is seen in both small, rural local health departments and large, urban local health departments.

The National Academy of Sciences' 2002 report on *The Future of the Public's Health in the 21st Century* cited a Pew Health Professions Commission finding which stated that "the major changes in technology, biomedical knowledge, informatics, and community expectations will continue to challenge and redefine the practice of public health, requiring that the current public health practitioners receive the additional, ongoing training, and support they need to update their existing skills."

Therefore, our target population is Indiana's public health workforce. This includes employees at the Indiana State Department of Health as well as employees of Indiana's 93 local health departments. The disparate population includes these same individuals.

Target Population:

Number: 1,500

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 1

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$100,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 8 – Assure competent workforce

Objective 1:

Increase Availability of opportunities for learning

Between 01/2010 and 12/2010, State Employees will identify 8 opportunities for continuing education and training for members of Indiana's public health workforce.

Annual Activities:

1. Provide web-based opportunities for education

Between 01/2010 and 12/2010, promote electronic opportunities for education and training by creating web-based resources and providing continuing education credits to public health professionals as appropriate. Obtain access to virtual library resources such as electronic journals.

2. Support education to local health departments

Between 01/2010 and 12/2010, The local health department outreach office is charged with providing information and educational opportunities to local health department personnel throughout Indiana. This office will continue to provide support by organizing an annual public health nurse conference, providing regional trainings, and supporting a "scholarship" initiative to allow local health department personnel to attend conferences and educational seminars both in-state and out-of-state as appropriate. Additional contracted personnel may be added to the outreach office to allow for better quality customer service in this area as well.

3. Education opportunities for public health workforce

Between 01/2010 and 12/2010, Provide funding for ISDH agency staff to attend conferences, trainings, seminars, and continuing education in their respective fields. Support the ISDH Leadership at All Levels program to further educate the public health workforce on leadership skills.

4. Workforce training initiative

Between 01/2010 and 12/2010, Support the advisory committee on workforce development by providing funding for initiatives such as the Local Health Department Workforce Development Toolkit and other activities as appropriate.

State Program Title: Public Health System Quality Improvement

State Program Strategy:

Goal: To improve the overall quality and capabilities of Indiana's public health system. There will be a specific focus on the 10 public health essential services for the purposes of future voluntary accreditation for public health agencies.

Health Priorities: In order to improve the competencies of Indiana's Public Health Sector, it is important for all public health agencies to assess current competencies and subsequently work to improve identified weaknesses.

In FFY 2007, the Indiana State Department of Health (ISDH) was granted advance access to version 2 of the National Public Health Performance Standards Program (NPHPSP) assessment tool. This tool has currently already been used by several local health departments in Indiana, and a state public health assessment workshop was conducted in August of 2007. In FFY 2008, public health agencies that had already started this process continued their respective activities, while other agencies were invited to begin with the assessment phase.

In FFY 2009, all previous agencies continued their respective activities, and mentored other communities by sharing ideas and their best practices. Twenty new public health agencies began the assessment phase of the quality improvement project.

For FFY 2010 approximately 18 new public health agencies and the state lab system will begin the assessment phase of the quality improvement project. Governance assessments will be conducted with 5 boards of health, and 14 public health agencies that began the process in the past will complete a comprehensive evaluation. Agencies that underwent the assessment phase previously will continue respective activities.

Strategic partners: Indiana Public Health Association, Purdue University, local health departments, public health laboratories

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Director-Office of Public Health Performance Mgmt

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO 23-8 Competencies for public health workers

State Health Objective(s):

Between 01/2010 and 12/2010, conduct competency assessment at 18 local health departments in Indiana. The assessments will be based on the 10 essential public health services.

Baseline:

A total of 40 of Indiana's 93 local health departments have completed the assessment process and many of these are continuing with project charter training and execution. The National Academy of Sciences' 2002 report on *The Future of the Public's Health in the 21st Century* cited figures released jointly by the CDC and the Agency for Toxic Substances and Disease Registry in 2001 which indicated that "80% of the current public health workforce lacks formal training in public health."

Data Source:

National Academy of Sciences

State Health Problem:

Health Burden:

The public health workforce in Indiana currently lacks many of the core competencies necessary to fully and positively impact the health of the populations they serve. While the majority are competent in their own individual duties, most are not competent in the 10 essential public health services and how their duties fit in to the overall provision of these services. This is not an issue that is unique to Indiana. The National Academy for Sciences' 2002 report on *The Future of the Public's Health in the 21st Century* cited figures released jointly by the CDC and the Agency for Toxic Substances and Disease Registry in 2001 which indicated that "80% of the current public health workforce lacks formal training in public health."

This lack of basic public health competencies is widespread. It is seen in both small, rural local health departments and in large, urban local health departments. The problem continues to worsen in many areas because new employees are often only trained in their day-to-day functions and are not provided with the big picture of public health. Subsequently, most public health agencies in Indiana do not operate at full efficiency.

Therefore, our target population is the workforce at a select number of local health departments in Indiana as well as the Indiana State Department of Health. This also includes members of local and states Boards of Health and other policy makers that have a role in determining the priorities of public health agencies, such as County Commissioners. In addition, the population includes the coalitions and partners that already participate in the state public health assessment process and will be part of the process to address needs and weaknesses as a result of that assessment, as well as Health Care Delivery Organizations. The disparate population includes these same individuals, due to the fact that all bear a disproportionate burden as a result of the identified health burden.

Cost Burden

This lack of basic competencies within Indiana's public health workforce threatens to result in a reduced quality of life in the communities they serve. The failure to act to address these competencies could result in the inability to pursue future voluntary accreditation, and the potential benefits that could result from that accreditation, financial, and otherwise.

Target Population:

Number: 880

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Disparate Population:

Number: 1

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Public Health Performance Standards Program (NPHPSP)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$215,094

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 5 – Develop policies and plans

Objective 1:

Development of Strategic Plans

Between 01/2010 and 12/2010, Indiana State Department of Health and consultants will develop 1 strategic health plans for agency commissions.

Annual Activities:

1. Strategic Planning for Agency Commissions

Between 01/2010 and 12/2010, Agency will work towards developing a strategic plan for continued improvement in public health programs focusing on the Human Health Services Commission and possibly other commissions as appropriate

Essential Service 8 – Assure competent workforce

Objective 1:

Public Health System assessments

Between 01/2010 and 12/2010, Indiana State Department of Health and Contractors will identify 20 local public health agencies to address their needs and weaknesses.

Annual Activities:

1. Public Health System Assessments

Between 01/2010 and 12/2010, conduct assessments of local public health systems using the NPHPSP assessment instrument and follow-up with teambuilding and project charter training.

2. Other System Assessments

Between 01/2010 and 12/2010, public health system assessments will be conducted as identified (i.e., environmental state-wide public health system).

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluation of Public Health Programs

Between 01/2010 and 12/2010, Contractor and local health departments will evaluate **12** project charter counties to determine local public health system performance improvement, completion of project charter objectives, impact and contribution on the local public health system, and areas for improvement.

Annual Activities:

1. Evaluate Project Charter Counties

Between 01/2010 and 12/2010, Contractor will evaluate project charter counties.

State Program Title: Sexual Assault Services**State Program Strategy:**

Program Goal: To reduce the prevalence of rape and attempted rape of women age 12 and older.

Program Priorities: The Indiana Criminal Justice Institute (ICJI) oversees Indiana's Sexual Assault Services programs. In FFY 2010, Sexual Assault Services funds will be distributed to various sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs with the ultimate goal of reducing the prevalence of rape or attempted rape. Priorities will be placed on education programs specifically targeting the young adult and youth populations. The purpose of these programs is to link people to services as part of efforts to reduce the rate of sexual violence among young adults and youth.

Contracts with each sub-grantee will include the following deliverables:

- To show an increase in services or coverage to underserved areas.
- To show an increase in focus on the targeted populations.
- To enhance the dissemination of information on treatment for sex offenders in Indiana.
- To show an increase in the number of youth receiving education on issues of sexual violence.

Primary Strategic Partnership: The Indiana Criminal Justice Institute has fostered collaborative partnerships with 21 external organizations around the state that provide sexual assault services.

Role of PHHSBG Funds: PHHSBG funds will be used to provide direct funding for programs at organizations that provide sexual assault services.

Evaluation Methodology: Evaluations of each project shall be conducted on two levels. The first level of evaluation will be completed internally by the sub-grantee's agency director or through another internal control process of evaluation. The second level is conducted by ICJI with statistical data and other anecdotal information to allow for rigorous evaluation of each individual project as well as providing a means for overall evaluation of the SAS funding stream. ICJI and The Coalition against Sexual Assault will be working in a collaborative approach in regards to compliance monitoring for all grant funds awarded. Monthly reports will be required of each funded project. These reports are broken into the following categories:

- financial information to document accounting of SAS funding.
- statistical information to document sexual assault activities, programming efforts and victims served.
- narrative information to document attainment toward objectives.

Each organization that receives funding will also be required to establish its own mechanism of data collection and internal controls. The ICJI monthly reporting process establishes the guidelines and requires extensive data collection and maintenance information from each subgrantee organization.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

Between 01/2010 and 12/2010, Provide services to victims of sexual violence and provide education about prevention to the general public.

Baseline:

It is estimated that in Indiana there could be as many as 5,730 victims of rape annually based upon reports from the Federal Bureau of Investigation.

Data Source:

Uniform Crime Reports

State Health Problem:

Health Burden:

Indiana continues to deal with the serious problem of sexual violence. Each year more than 4,000 Indiana children are substantiated as victims of child sexual abuse according to Child Protective Services. In 2008, according to UCR data, 1,720 forcible rapes (completed and attempted) in Indiana were reported to law enforcement, for a rate of 27 per 100,000. Nationally in 2008 there were 89,000 rapes reported to UCR and 203,830 victims of rape (persons 12 and older) reported through the National Crime Victimization Survey. Of those victims 182,000 were women. Females ages 12-24 experienced the highest sexual assault victimization rates. Black females experienced higher rates of rape or sexual assault than white females or females of other races (2.9 compared to 1.2 and 0.9 per 1,000 females age 12 or older, respectively).

A recent study showed on average from 1992 through 2000, 31 percent of rapes and sexual assault were reported to police. More recently, the 2008 NCVS illustrated that 41% of rapes and sexual assaults were reported to police. A Bureau of Justice Statistics report on Female Victims of Violence found that almost half (47%) of the rapes or sexual assaults against women in 2008, were reported to the police. Using a 31% - 47% reporting rate, it can be estimated that 3,664 to 5,730 rapes could occur annually in Indiana.

The problem affects all races and income levels, but is more prominent in low-income, urban areas. The target population for this program includes all individuals who receive sexual assault treatment and prevention services from the selected sub-grantee organizations. The disparate population includes the more specific group of low-income individuals who receive this treatment.

According to the FBI, forcible rapes are at their lowest figure in the past 20 years. This is further backed up with the data from the NCVS which indicates rapes have been declining gradually since 1999. This is attributed to many factors: (1) improvements in the criminal justice system, including reform in how police gather evidence and better prosecution. (2) Advances in DNA can help identify the offender and lead to a higher chance of prosecution, keeping the offender from repeat attacks. (3) The creation of the federal Violence Against Women act in 1994 has helped bolster attention to rape cases and increased the number of professionals working to assist victims and (4) There has been an increase in awareness of rape and more educational public awareness campaigns that has helped shift attitudes about rape (RAINN). This trend can be furthered with the continuation of the educational programs developed through SAS programs. In recent years, the number of agencies that have established sexual assault prevention, treatment and intervention programs has increased significantly.

There continues to be problems of sexual violence in Indiana and the need for prevention, intervention, and treatment programs is ever pressing. With the continuation of funding from the Sexual Assault Services

grant, the number of sexual assaults can be further reduced with the overall goal of total eradication of sexual violence.

Target Population:

Number: 3,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 2,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: RAINN, NCVS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$150,306

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$150,306

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 7 – Link people to services

Objective 1:

Provide services to victims, and provide information about prevention to all

Between 01/2010 and 12/2010, Indiana Criminal Justice Institute will provide services to **1000** victims of sexual violence.

Annual Activities:

1. Extend coordinated, comprehensive sexual violence prevention programs within counties

Between 01/2010 and 12/2010, the programs would

- Educate youth about the role of drugs and alcohol in sexual violence.
- Encourage underserved regions and counties to develop a prevention curriculum.
- Encourage communities to provide programs in environments that will teach males as well as females.

2. Expand coordinated, comprehensive sexual offender treatment programs with the state

Between 01/2010 and 12/2010, the programs would

- Disseminate informational materials on effective treatment programs in Indiana.
- Increase services to underserved regions, specifically in the Northwest and West Central regions of Indiana.
- Expand collaborative efforts with correctional re-entry programs targeting services for domestic violence offenders.

ICJI will also work the other state level partners to increase the percentage of prevention programming throughout the state.

3. Improve and enhance services and response initiatives to victims of sexual assault.

Between 01/2010 and 12/2010, the programs would

- Encourage and support current efforts to provide services through crisis intervention, hotlines, support groups, and other services.
- Encourage expansion of services and support to underserved counties.
- Encourage services with correctional re-entry programs targeting family preservation for victims of sexual violence.

State Program Title: Social Marketing

State Program Strategy:

Goal: To utilize existing and new partnerships to create and disseminate educational information and materials on a public health topic as the need arises.

Health Priorities: The current priority is to have funds available for immediate use when the need would arise in an emergency situation or alternate programs that need marketing and are just beginning their work. The Adolescent State Health Plan, which makes Indiana one of a handful of states with such a plan, needs resources to market and grow this program area. Another potential use would be public service announcements to counterattack harmful, medically misleading information.

Primary Strategic Partners: The ISDH has fostered many collaborative relationships and strategic partnerships both internally and externally. They include:

Internal:

Nutrition and Physical Activity
Chronic Disease Division
Office of Women's Health
Governor's Council for Phys. Fitness/Sports

External:

Asher Agency
Indiana Tobacco Prevention/Cessation
American Lung Association
Anthem Blue Cross/Blue Shield
Cabello & Associates

State Program Setting:

Community health center, Home, Local health department, Medical or clinical site, Senior residence or center, State health department, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 7-10 Community health promotion programs

State Health Objective(s):

Between 01/2010 and 12/2010, expand community health promotion programs aimed at educating the public and raising awareness about select public health issues.

Baseline:

While the Indiana State Department of Health already participates in various outreach initiatives, there remains a need to disseminate knowledge in a variety of ways on a regular basis on selected public health issues and regarding information.

Data Source:

State Agency

State Health Problem:

Health Burden:

Indiana ranks poorly in several health categories. The 2008 edition of *America's Health Rankings* report compiled by the United Health Foundation ranked Indiana 45th in the nation in the prevalence of smoking, and is the worst state in the nation for public health funding (dollars per person). These are contributing factors to many chronic diseases and other health conditions. The collective result of these health issues is a lower than desired quality of life for the citizens of Indiana.

A positive change in the prevalence of these health conditions will require a change in individual behaviors. A decision to address current poor health behaviors or to maintain current healthy behaviors must be made by each person. Therefore, the target population for these community health promotion programs is the entire population of Indiana (est. 6.3 million). The disparate population is also the entire state population. More specific target and disparate populations will depend on the topic for each individual outreach initiative.

Cost Burden: Poor health has an economic impact in Indiana in the form of higher health insurance, and lost productivity due to illness. For example, the 2008 edition of *America's Health Rankings* report compiled by the United Health Foundation indicates that Indiana has not changed the number of poor physical health days since 2003, when the ranking was 33rd in the nation. While it is difficult to estimate a precise dollar amount, the collective impact is considered to be huge.

Target Population:

Number: 6,300,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 6,300,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: United Health Foundation, US Census

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$2,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Rapid Response
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Just-In-Time Education

Between 01/2010 and 12/2010, Indiana State Department of Health and Partners will identify 1 marketing opportunity in the event a need for communication to the general public is necessitated by a public health event.

Annual Activities:

1. Education

Between 01/2010 and 12/2010, The Indiana State Department of Health will distribute information in the form of public service announcements (radio, tv, and news campaigns) and other methods to all Hoosiers as a responsive mechanism to potentially medically misleading information; as a response to a public health emergency; and as a method of growing and expanding public health programs of the agency.

State Program Title: State Health Data Center

State Program Strategy:

Program Goal: To increase the quality and quantity of data collected by the Indiana State Department of Health.

Program Priorities: With previous PHHS Block Grant funds, the State Health Data Center at the Indiana State Department of Health (ISDH) has improved the use of data with an end result of overall improvement in public health access to information and surveillance data. The agency would like to continue this work and increase the amounts and types of data acquired.

The agency will replace a current software program with an improved program to allow for the collection of demographic and inspection data of food establishments; expand the BRFSS collection; enhance the online septic system program management and data collection tool; explore the possibility of adding components to existing data collection systems to include swimming pool inspections; increase electronic lab reporting through the continued development of the agency's disease reporting exchange program. Electronic reporting forms will also be developed for standardized data collection among prenatal care coordination programs and possibly other program areas as the need is determined.

An additional priority for data collection will be a collaboration between the state public health laboratory and the STD program. An additional 2900 people from selected target groups will be tested for Chlamydia and gonorrhea in order for the program area to obtain improved data for these groups.

This project would require the purchase of various software and equipment; the hiring of contractors to complete the work; and the purchase of lab test kits.

Primary Strategic Partners: The ISDH has fostered collaborative relationships and strategic partnerships both internally and externally. They include:

Internal:

Data Analysis Division
Epidemiology Resource Center
ISDH Laboratory
Preparedness division
STD division
Maternal and Child Health division
Food protection division
Environmental Health division
Information technology division
Acute Care Services division
Cancer Registry program

External:

Indiana Health Information Exchange
Local Health Departments
Multiple labs
Indiana Women's Prison
Indiana Juvenile Facility
Southern Indiana Pediatrics
Indiana Restaurant and Hospitality Association
Indiana Grocers and Convenience Store Association
Indiana Dept. of Environmental Management
Indiana Department of Natural Resources
Clearwater Research

Evaluation Methodology: Increased quantity and quality of data collected by the agency.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 23-2 Public health access to information and surveillance data

State Health Objective(s):

Between 01/2010 and 12/2010, Increase the quantity and quality of public health data.

Baseline:

Improvements will be made to increase the amount and types of data collected.

Data Source:

Indiana State Department of Health

State Health Problem:

Health Burden:

In order to continue to improve the public health of Indiana's citizens, more and better data is needed to identify target populations with public health needs. Without this data populations with public health issues may be missed and opportunities to support those populations will not be available. Examples of these problems are as follows:

The OMPP Neonatal Quality Strategy Subcommittee has chosen PNCC as one of two strategies to be addressed in 2009-2010. The MCH Perinatal consultant sits on the OMPP Neonatal Quality Strategy Subcommittee. MCH, Office of Medicaid Policy and Planning, and the Managed Care organizations are collaborating to develop a seamless case management system for improved delivery of services to pregnant women. An important piece of this project standardized data collection. A means of collecting this data in a timely manner is imperative.

Prenatal Care Coordination (PNCC) in Indiana is provided by certified prenatal care coordinators in the home according to the Medicaid rule, by all three managed care organizations by telephone, by Healthy Families, and HIV coordinators. Each program is using different forms, guidelines, and data collection. The MCH Perinatal Consultant has revised the data collection Outcome Report for the ISDH PNCC program that will also be used by other care coordination programs to provide standardized data collection, quality assurance and comparison of outcomes among various programs. Currently, ISDH PNCC completes the Outcome Report by hand and submitted it to EDS or the MCO with billing forms. Outcome report forms are then sent to the Perinatal Consultant. An excel datasheet has been developed by the consultant to enter outcome report forms but this is not working due to lack of staff and time.

In order to maximize the effectiveness of Indiana's food safety inspection officers (FSIO) data must be collected and analyzed to make effective use of valuable and limited resources and provide the most protection to the public. Currently, Indiana does not have a central data warehouse of food establishment information. Any data systems are housed, either in paper or electronic form, throughout all of the state and local jurisdictions with no connectivity of the data between agencies. It is not known how many food establishments exist in the state, let alone having any complete demographic data to characterize the type and scope of the operations. The second goal, and most likely the more important, is having the FSIO inspection data for each establishment in a system where food safety problems and trends could be identified. With this ability the regulatory authority could target its limited resources toward reducing or

eliminating a food safety problem. Foodborne disease outbreaks continue to occur in the US with many deaths and hospitalizations each year.

Chlamydia and gonorrhea are some of the most commonly reported communicable diseases of any type in the U.S. and Indiana. Both are sexually transmitted infections easily diagnosed with lab testing and easily cured with antibiotics. These infections disproportionately affect youth under age 25 and gonorrhea especially affects African-Americans both in the U.S. and Indiana. Funding for these target groups is limited to certain locations such as Title X family planning clinics and certain STD clinics. Expansion of testing needs to occur in other facilities where these at-risk populations exist to better identify and then treat those afflicted with these diseases and to prevent the further transmission of communicable disease.

Target Population:

Number: 600,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants

Disparate Population:

Number: 1

Infrastructure Groups: State and Local Health Departments, Disease Surveillance - High Risk, Community Based Organizations

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: FDA Model Food Code (latest version)
FDA Retail Food Risk Factors and Interventions
FDA Retail Food Safety Baseline Survey
FDA Retail Food Program Standards
FDA Manufactured Food Program Standards

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$642,500

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$156,500

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:

Increase the quantity and quality of data

Between 01/2010 and 12/2010, Indiana State Department of Health Software Developers, IT contractors, Clearwater Research, state laboratory will maintain 2 sources of data.

Annual Activities:

1. Obtain Environmental Health Data

Between 01/2010 and 12/2010, The Environmental Health Division currently partners with the Department of Natural Resources to utilize a database that collects data regarding on-site sewage disposal systems. The program will expand this database to obtain more data. In addition, the program will explore the possibility of adding a component to the database that will allow the collection of data on public swimming pool inspections.

2. Disease Reporting Exchange

Between 01/2010 and 12/2010, The program will expand the number of labs that submit lab reports to the agency's Disease Reporting Exchange and make the needed technological modifications to allow other agency programs (i.e., cancer registry, STD, lead) to receive the data in a usable format.

3. Obtain additional prevalence data

Between 01/2010 and 12/2010, Expand Indiana's BRFSS survey by adding prevalence data to the surveys in new and/or expanded areas.

4. Develop web-based form to enter data

Between 01/2010 and 12/2010, A web-based prenatal care coordination outcome reporting form will be developed to allow for the timely entering of data by care coordinators in all program and allow for timely reporting of results.

Objective 2:

Food Protection Program Database

Between 01/2010 and 12/2010, ISDH and contractors will update 1 software program used to collect demographic and inspection data of food establishments under the regulatory control of the program.

Annual Activities:

1. Replace FIRMS database with Digital Inspector

Between 01/2010 and 12/2010, The IT contractors, under the supervision of the OTC (Office of Technology and Compliance) Program and with the agreement of the Food Protection Program, will use a new program, i.e. the IDEM (Indiana Department of Environmental Management) Digital Inspector, as a basis for developing the needed tool. They will follow the work plan created by the OTC Program and will be completed, with documentation, in one year. The scope of the project will be clearly spelled out prior to beginning work, however it will be similar to existing needs already in place.

Objective 3:

STD Testing

Between 01/2010 and 12/2010, State agency will increase the number of at risk groups tested for Chlamydia and gonorrhea from 36% to 41.6%.

Annual Activities:

1. Provide Chlamydia and gonorrhea testing

Between 01/2010 and 12/2010, The ISDH lab and STD control programs will collaboratively provide Chlamydia and gonorrhea testing (using a combined test) to selected groups who are currently not served but who are at high risk of having these infections. Groups will include: young women at Indiana Women's Prison; young women at the Indiana Juvenile Detention Facility; and young men and women at a pediatric

practice in Monroe County.

State Program Title: State Office of Rural Health

State Program Strategy:

Goal: To improve access to comprehensive, high-quality health care services.

Health Priorities: Health indicators for rural citizens of Indiana are consistently worse than those of its metropolitan counterparts. In order to assist hospitals located in rural areas of Indiana, the program will fund projects designed to improve health outcomes of the rural community served and to educate the community on signs and symptoms of stroke and benefits of seeking prompt treatment. A Computerized Physician Order Entry program will be implemented to enable a hospital to attain certification of electronic health records. Participation in the Stroke Care Now Network will educate hospital staff. A telemedicine initiative will assess, plan, implement, and evaluate a comprehensive tele-stroke program that will improve response and treatment of acute ischemic stroke patients.

Primary Strategic Partners: The Lugar Center; Perry County Memorial Hospital; Pulaski Memorial Hospital; Union Hospital; Sullivan County Community Hospital; Clinton County Hospital; St. Vincent Hospital; Greene County General Hospital.

Evaluation Methodology: Reduced process-related medication errors and adverse drug events; replace written, faxed, and verbal orders with legible electronic orders; reduce costs by reducing length of stay and need for repeat tests. The telemedicine initiative will close geographic gaps by coordinating among 4 hospitals and allowing quicker access to time-sensitive, appropriate treatment.

State Program Setting:

Other: Non-profit critical access hospital located in rural setting

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 1-11 Emergency Medical Services

State Health Objective(s):

Between 01/2010 and 12/2010, Assure a prompt response for emergency services by implementing a well-coordinated system of care with components that include public awareness and education, reliable electronic medical records, and coordination of systems.

Baseline:

Objective	Increase in	2002
	Access to	Baseline
	Rapidly	
	Responding	Percent

	Prehospital Emergency Medical Services	
1-11a.	Population covered by basic life support	100
1-11b.	Population covered by advanced life support	85
1-11c.	Population covered by helicopter	100
1-11d.	Population living in area with prehospital access to online medical control	100
1-11e.	Population covered by basic 911	95
1-11f.	Population covered by enhanced 911	85
1-11g.	Population living in area with two-way communication between hospitals	85

Data Source:

Rural Healthy People 2010, Indiana EMS Statistics Reports, National Assessment of State Trauma System Development, Emergency Medical Services Resources, and Disaster Readiness for Mass Casualty Events, HRSA.

State Health Problem:

Health Burden:

In terms of Indiana's health profile, its rural citizens' health indicators are consistently worse than those of its metropolitan counterparts. According to Healthy People 2010, "Twenty-five percent of Americans live in rural areas, that is, places with fewer than 2,500 residents. Injury-related death rates are 40 percent higher in rural populations than in urban populations. Heart disease, cancer, and diabetes rates exceed those for urban areas. People living in rural areas are less likely to use preventive screening services, exercise regularly, or wear safety belts. In 1996, 20 percent of the rural population was uninsured compared with 16

percent of the urban population. Timely access to emergency services and the availability of specialty care are other issues for this population group."

Target Population:

Number: 120,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural

Primarily Low Income: Yes

Disparate Population:

Number: 120,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$118,029

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$118,029

Funds to Local Entities: \$118,029

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:

Improve Health Outcomes

Between 01/2010 and 12/2010, Critical Access Hospitals will implement 1 certification of electronic health

records.

Annual Activities:

1. Implement CPOE software

Between 01/2010 and 12/2010, Implement Computerized Physician Order Entry (CPOE) software to enable the hospital to attain certification of its electronic health records that will result in improved health outcomes of the patient community served via: reduced process-related medication errors and adverse drug events, replacing most written, faxed and verbal orders with legible electronic orders;; improved pharmacy, radiology and laboratory turnaround times; increased patient outcomes because of faster decision-making tools; reduced costs by reducing length of stay and the need for repeat tests.

Essential Service 3 – Inform and Educate

Objective 1:

Educate health care workers and public

Between 01/2010 and 12/2010, Critical access hospital will update **1500** Hospital staff and rural community members.

Annual Activities:

1. Educate health care workers and public

Between 01/2010 and 12/2010, Participation in the Stroke Care Now Network by educating the hospital staff on current standards of stroke care and educating the community on signs and symptoms of a stroke and the benefits from seeking prompt treatment.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Coordinate telemedicine initiative

Between 01/2010 and 12/2010, The Lugar Center will identify **4** critical access hospitals.

Annual Activities:

1. Coordinate telemedicine initiative

Between 01/2010 and 12/2010, The Lugar Center will coordinate among 4 critical access hospitals for a telemedicine initiative which will assess, plan, implement, and evaluate a comprehensive tele-stroke program that will improve the response and treatment of acute ischemic stroke patients in an effort to close the geographic gaps that separate rural providers and patients from accessing time-sensitive, appropriate treatment.